Application Data Sheet

APPLICATION INFORMATION

Contract or Grant Numbers::

Secrecy Order in Parent Appl.?:: No

Application Number::	
Filing Date::	1/9/04
Application Type::	Regular
Subject Matter::	Utility
Suggested classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R?::	None
Number of CD Disks:	
Number of Copies of CDs::	
Sequence Submission?::	
Computer Readable Form (CRF)	?:: No
Number of Copies of CRF::	
Title::	NEGATIVE POISSON'S RATIO MATERIAL-
	CONTAINING CMP POLISHING PAD
Attorney Docket Number::	100196
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	
Total Drawing Sheets::	
Small Entity?::	No
Latin Name::	
Variety denomination name::	
Petition Included?::	No
Petition Type::	
Licensed US Govt. Agency::	

APPLICANT INFORMATION

Inventor Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: Abaneshwar

Middle Name::

Family Name:: Prasad

Name Suffix::

City of Residence:: Naperville

State or Prov. of Residence::

Country of Residence:: US

Street of mailing address:: 2252 Joyce Lane

City of mailing address:: Naperville

State or Province of mailing address:: IL

Country of mailing address:: US

Postal or Zip Code of mailing address:: 60564

Inventor Authority Type:: Inventor

Primary Citizenship Country::

Status:: Full Capacity

Given Name:: Ronald

Middle Name::

Family Name:: Myers

Name Suffix::

City of Residence:: Aurora

State or Prov. of Residence::

Country of Residence:: US

Street of mailing address:: 2820 AMLI Drive, Apt. 2911

City of mailing address:: Aurora

State or Province of mailing address:: IL

Country of mailing address:: US

Postal or Zip Code of mailing address:: 60504

CORRESPONDENCE INFORMATION

Correspondence Customer Number:: 29050

Phone:: (630) 375-5465

Fax:: (630) 499-2654

E-mail Address:: Phyllis_Turner-Brim@cabotcmp.com

REPRESENTATIVE INFORMATION

Representative Customer Number One:: 29050

Representative Customer Number Two:: 23460

Representative Designation:: Registration Number:: Representative Name::

DOMESTIC PRIORITY INFORMATION

Application:: Continuity Type:: Parent Application:: Parent Filing Date::

FOREIGN APPLICATION INFORMATION

Country:: Application Number:: Filing Date:: Priority Claimed

ASSIGNEE INFORMATION

Assignee name::

Cabot Microelectronics Corporation

Street of mailing address:: 870 Commons Drive

City of mailing address::

Aurora

State or Province of

mailing address::

Illinois

Country of mailing

address::

US

Postal or Zip Code of

mailing address::

60504